

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0717-0545PUS1																																					
Application No. 10/556,820-Conf. #1441		Filing Date September 5, 2006		Examiner D. C. Washburn																																					
Art Unit 2628																																									
Applicant(s): Noriyuki KOYAMA																																									
Invention: CHARACTER/GRAFIC DISPLAY APPARATUS, CHARACTER/GRAFIC DISPLAY METHOD, PROGRAM, AND RECORDING MEDIUM																																									
<p><b>MS AF</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>																																									
<b>CLAIMS AS AMENDED</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"> </th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"> </th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>11</td> <td>- 20 =</td> <td>0</td> <td>x 52.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 4 =</td> <td>0</td> <td>x 220.00</td> <td>0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td>0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	11	- 20 =	0	x 52.00	0.00	Independent Claims	3	- 4 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																					
Total Claims	11	- 20 =	0	x 52.00	0.00																																				
Independent Claims	3	- 4 =	0	x 220.00	0.00																																				
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																									
Other fee (please specify):																																									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00																																				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
<i>Rulet Down # 48222</i>			Dated: <u>July 7, 2009</u>																																						
Michael R. Cammarata Attorney Reg. No.: 39,491																																									
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																									